

## Hitting the Nutritional Jackpot with Motivational Interviewing

- Based on the work of: William R Miller & Steven Rollnick

### My Ultimate Goals

- Provide a simple introduction to Motivational Interviewing basics that you can take into your work environment tomorrow!
- Inspire you to get additional training... read Motivational Interviewing.....

### Introduction

- MI has been used for many years in addiction treatment.
- More recently there has been interest in exploring the use of MI with individuals dealing with chronic diseases and health behavior change.
- The use of MI has major possibilities for helping people develop positive health behaviors with positive outcomes.
- MI helps interactions with providers become collegial, rather than confrontational.
- The client/patient/consumer is helped to develop change by creating an environment that:
  - encourages discussion of what is important to them, identifies barriers to change,
  - encourages goal setting that is achievable, and supports patient confidence to create change.

### We know.....

- We know about resolutions to change
- We know about the experience of failure
- We know how difficult change really is
- We know what it is like to relapse
- We know what we ask others to do is difficult

### .....because we would find it difficult ourselves!

- To adhere to a diet we do not find easy
- To stay with an exercise program that has discomforts
- To take medication that has adverse side effects

### The Approach

- Motivational Interviewing uses a non confrontational, client centered approach that focuses to:
  - Resolve ambivalence,
  - Reduce resistance and
  - Foster commitment
  - 3 core elements of intentional behavior change

### Communication Styles

- Direct
- Guide
- Follow

## Guiding Style

- May be the most appropriate way to talk to people about lifestyle changes
- Motivational Interviewing – a refined form of this guiding style

**Motivational Interviewing is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.” (Miller, 2009)**

- Developed by psychologists
- The more you confront and persuade, the more the patient will resist
- Counseling style - respectful & eliciting
- Use of reflective listening skills (OARS)
- Understand a person’s readiness to change
- Supports people to resolve their own ambivalence about change
- Respects the values & autonomy of the individual
- Recognizes & responds to “change talk”
- Watch’s out for resistance

## Roles.....

- The *practitioner* – provider of information and support
- The *client* - the active decision maker

**Collaborative working relationship is the Key!**

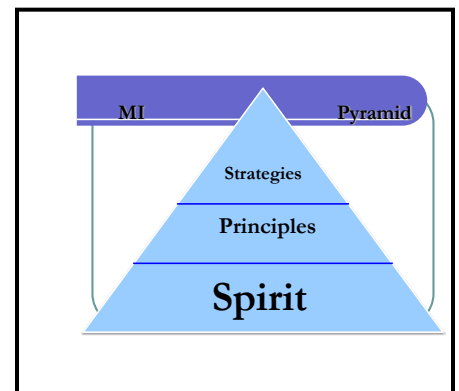
## The Spirit of Motivational Interviewing

### Spirit - not techniques

- Motivation is elicited from the client – not from without
- Consumer’s task is to name the issue and resolve
- Direct persuasion is not effective for resolution
- Style is to elicit gently
- Professional is directive to help clients examine issues
- Readiness to change is a fluctuating dynamic based on interpersonal interaction
- Forming a collaborative partnership allows for consumer autonomy and freedom of the dietitian from the role of the expert.

### Phase 1

- Building motivation for change
  - Basic Principles of MI
  - The 'spirit' of MI is based around four key principles;
    - Express empathy
    - Develop discrepancy
    - Roll with resistance
    - Support self-efficacy



### **Express Empathy**

- Acceptance facilitates change
- Skillful reflective listening is fundamental
- Ambivalence is normal

### **Develop Discrepancy**

- The consumer rather than the dietician should present the arguments for change
- Change is motivated by a perceived discrepancy between present behavior with health and important personal goals or values
- The person needs to have goals to work towards - they need to be aware that their current situation has consequences.
- Goals should be generated by the patient and not imposed on them.
- Have the patient outline their goals for valuable insight into how realistic these goals are and what is the priority for change.
- For someone who wants to look great for an event the priority relating to diet may not be to put on weight
- When appropriate goals are established then identify the difference between the current and ideal situation
- This generates some dissonance or conflict in the patient's mind.

### **Roll with Resistance**

- Avoid arguing for change
- Resistance is not directly opposed
- New perspectives are invited, not imposed
- Resistance is a signal to respond differently
- The person is a primary resource in finding answers and solutions

### **Support Self-Efficacy**

- A person's belief in the possibility of change is an important motivator
- The consumer, not the professional, is responsible for choosing and carrying out change
- Your own belief in the person's ability to change becomes a self-fulfilling prophecy

### **5 Major MI Strategies**

- Ask **O**pen Questions
- **A**ffirm
- Listen **R**eflectively
- **S**ummarize
- Elicit Change Talk

### **What are you looking for?**

- Does the consumer have:

- Problem recognition
- Expression of concern
- Intention to change
- Optimism about change

## Eliciting Self-Motivating Statements

- **General strategy**
  - Listen reflectively
  - Ask questions in specific areas of probable conflict or problems.
- **Provocative Open-Ended Questions**
  - **Problem Recognition**
    - *What things make you think that this is a problem?*
    - *What difficulties have you had in relation to your behavior?*
    - *In what ways do you think you or other people have been harmed by your behavior?*
    - *How has your involvement with \_\_\_\_\_ stopped you from doing what you want to do?*
  - **Expression of Concern**
    - *What is there about your behavior that you or other people might see as reasons for concern?*
    - *What worries you about your behavior? What can you imagine happening to you?*
    - *How much does that concern you? In what ways does this concern you?*
    - *What do you think will happen if you don't make a change?*
  - **Intention to Change**
    - *The fact that you're here indicates that at least a part of you thinks it's time to do something. What are the reasons you see for making a change?*
    - *What makes you think that you may need to make a change?*
    - *If you were 100% successful and things worked out exactly s you would like, what would be different?*
    - *I can see that you're feeling stuck at the moment. What's going to have to change?*
- **Affirmations**
  - Definition:** appreciation, understanding, support, admiration of a person
  - Affirm *effort* and *achievement*
    - **Examples:**
      - "This is hard work you're doing"
      - "It takes courage to face such difficult problems"
      - "Coping with that takes a lot of resourcefulness"

- “It must have taken a lot of courage to come in today knowing there was some weight gain””

### Listen Reflectively

- Repeating
- Rephrasing
- Paraphrasing
- Paraphrasing w/ Reflected Feelings

### Summary

- **Set up statement:** “Let me see if I have this right...”
- **Reflection, reflection, reflection**
- **Open question:** “So where does that leave us? What else would you like to add?” or “Now, tell me about ....” (to re-direct)

### Elicit Self Motivation Statements - Strategy

- **Evocative questions:**
  - *What else have you noticed? What other concerns have you had?*
- **The decisional balance:**
  - *What are the costs and benefits (rewards) of continuing \_\_\_\_\_?*
  - *discontinuing \_\_\_\_\_? (Short and long term)*
- **Elaboration:**
  - *In what way is that a concern for you?*
- **Using extremes:**
  - *What concerns you most? Worst fears?*
- **Looking back:**
  - *Do you remember a time when things were going well for you?*
- **Exploring goals:**
  - *What is most important to you? if you look into the future, what would be different about your life?*

### Healthcare Adaptations

- Agenda setting
- Information exchange
- Importance & confidence assessment
- Empathic listening (OARS)
  - Ask permission to discuss topic
    - *“I wonder if it would be ok with you if we talked about .....?”*
  - Explain you will not insist on immediate action
    - *“I’d like to get a better idea of how you feel about your diet, don’t worry, I’m not going to lecture you, ok?”*

### What do we know so far?

- Not as much has been done in healthcare
- Low internal validity
  - Training
  - Fidelity
- MI has been shown to be as effective as longer, more intensive interventions
  - Drug, alcohol
  - Consistently better treatment adherence
- Commitment language correlates with patient outcomes.

### Ambivalence - The Dilemma of Change

- People are ambivalent about participating in change
- Advocacy for change evokes “resistance” from the participant
- Resistance predicts lack of change
- Evoking the participant’s own change talk has been proven to enhance behavior change

### Basics of Motivational Interviewing

- Motivational Interviewing uses a non confrontational, client centered approach that focuses on:
  - Resolving ambivalence,
  - Reducing resistance and
  - Fostering commitmentcore elements of intentional behavior change

### Four Categories of Resistance Behavior

- Negating
  - blaming, disagreeing, excusing, minimizing, claiming impunity, pessimism, reluctance, unwillingness to change
- Arguing
  - challenging, discounting, hostility
- Interrupting
- Ignoring

### Phase 2

- |  |                          |
|--|--------------------------|
| ▪ Strengthening Commitment               | ▪ Resolve                |
| ▪ Recognizing Readiness                  | ▪ Change talk            |
| ▪ Diminished resistance                  | ▪ Questions about change |
| ▪ Decreased discussion about the problem | ▪ Envisioning            |
|  | ▪ Experimenting          |

It is up to each clinician to determine if this is a model that has usefulness in practice  
Training and technical assistance in using MI is available

- What are your thoughts on how this translates into practice for dietitians?

### Readiness to change

- Assessing readiness to change helps us to understand how important this change is for them, and how confident they feel that they can change
- The importance of understanding readiness is critical

### Stages of Change

- **Precontemplation** – I don't have a problem
- **Contemplation** – Maybe I do.....
- **Determination/Preparation**– I've got to do something...beginning to get ready.
- **Action** – I'm moving ahead.
- **Maintenance** - Keeping steady
- **Relapse** – Falling back

#### Pre-Contemplation

- Client is unaware, unable, or unwilling to change:
- Client is likely to be wary of counselor
  - Don't rub client the wrong way
  - Establish rapport
  - Raise doubts about problem behavior
  - Provide info on risks – pros & cons

#### Contemplation

- Client is uncertain – ambivalent
- May meet you halfway – willing to explore
  - Discuss and weigh the pros & cons
  - Emphasize client free choice/responsibility
  - Elicit self-motivational statements
    - Ask questions that prompt motivation – ie “When you have made changes in the past, how has you worked? What are some things you think of when you make changes?”

#### Preparation

- The client asks questions, indicates willingness and considers options to change
- There is a shift from “thinking about it” to making actual plans
  - Therapist acts as a guide in the process
  - Clarify goals and strategies
  - Offer a menu of options
  - Negotiate a contract or plan
- “Would you be willing to consider starting with a small plan – let's see how that might look”.

### Action

- The client takes steps toward change, motivation waxes and wanes.
- Client is receptive – but is still unstable.
  - Negotiate an action plan
  - Acknowledge difficulties & support attempts
  - Identify risk situations, and coping strategies
  - Help find new reinforcers for change
  - Support perseverance

If behaviors resume: “Let’s identify what went on right before... to look at different choices

### Caution Here....

- When enhancing motivation, clinicians need to be aware of the appropriate stage of change in order to apply the correct intervention – if not, the result may be treatment noncompliance
- If we move faster than the client – there is a risk that we weaken or lose the therapeutic alliance with our clients.

### Maintenance

- Client has met initial goals, made lifestyle changes, and practices new strategies
- Clinician role is to encourage & reinforce
  - Support and affirm changes with action plan
  - Rehearse new coping strategies
  - Review goals - keep contact with client
  - Pursue recovery strategies – healthy activities
  - Volunteer
  - Review progress, look ahead for risk

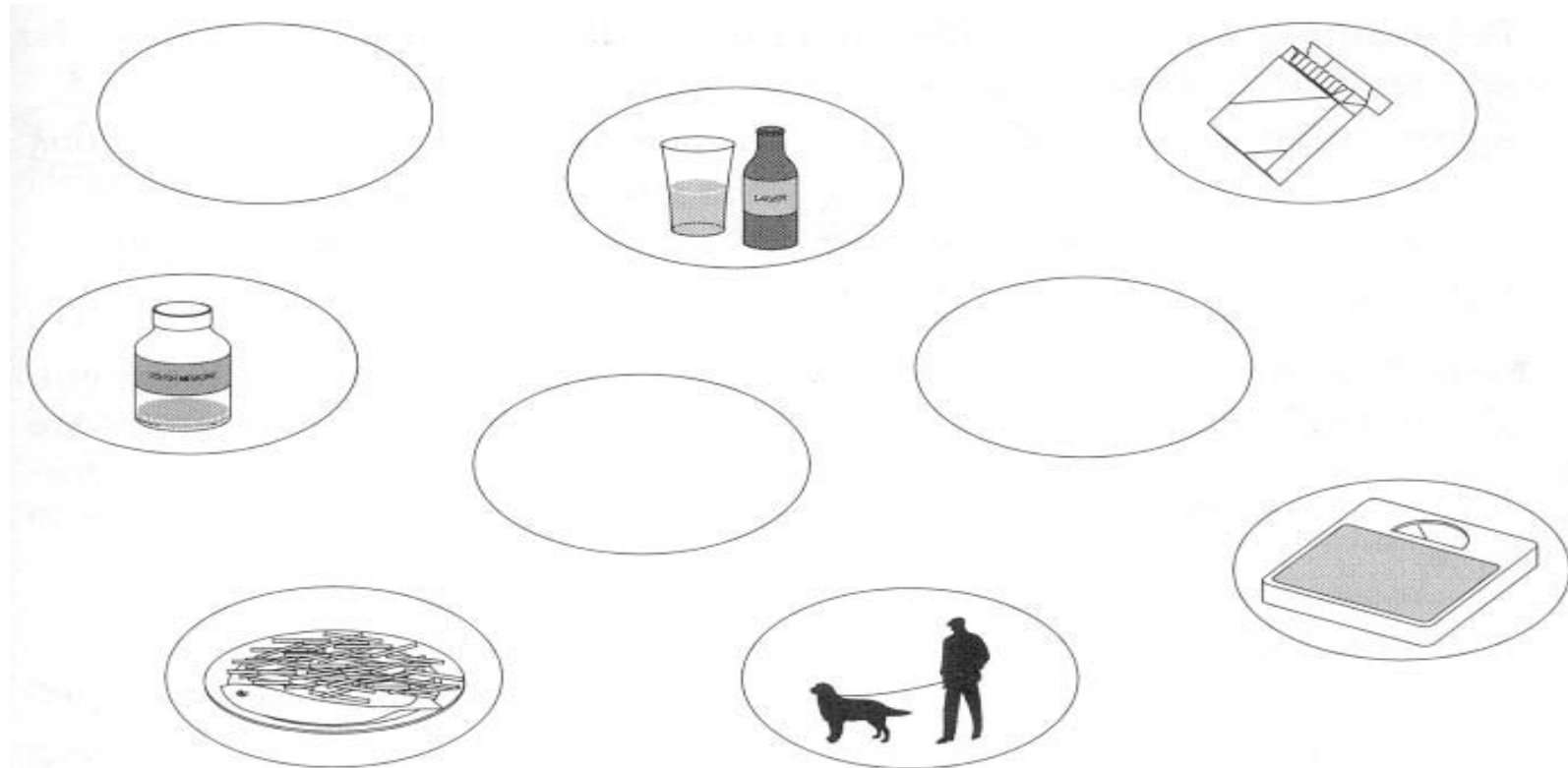
### Savvy Strategy

- Elicit, listen to, and acknowledge the aspects of person’s life they enjoy.
- Evoke doubts or concerns about the behavior.
- Explore the meaning of the events that brought the individual to the session and what results have happened from previous education.
- Obtain the person perceptions of the issue.

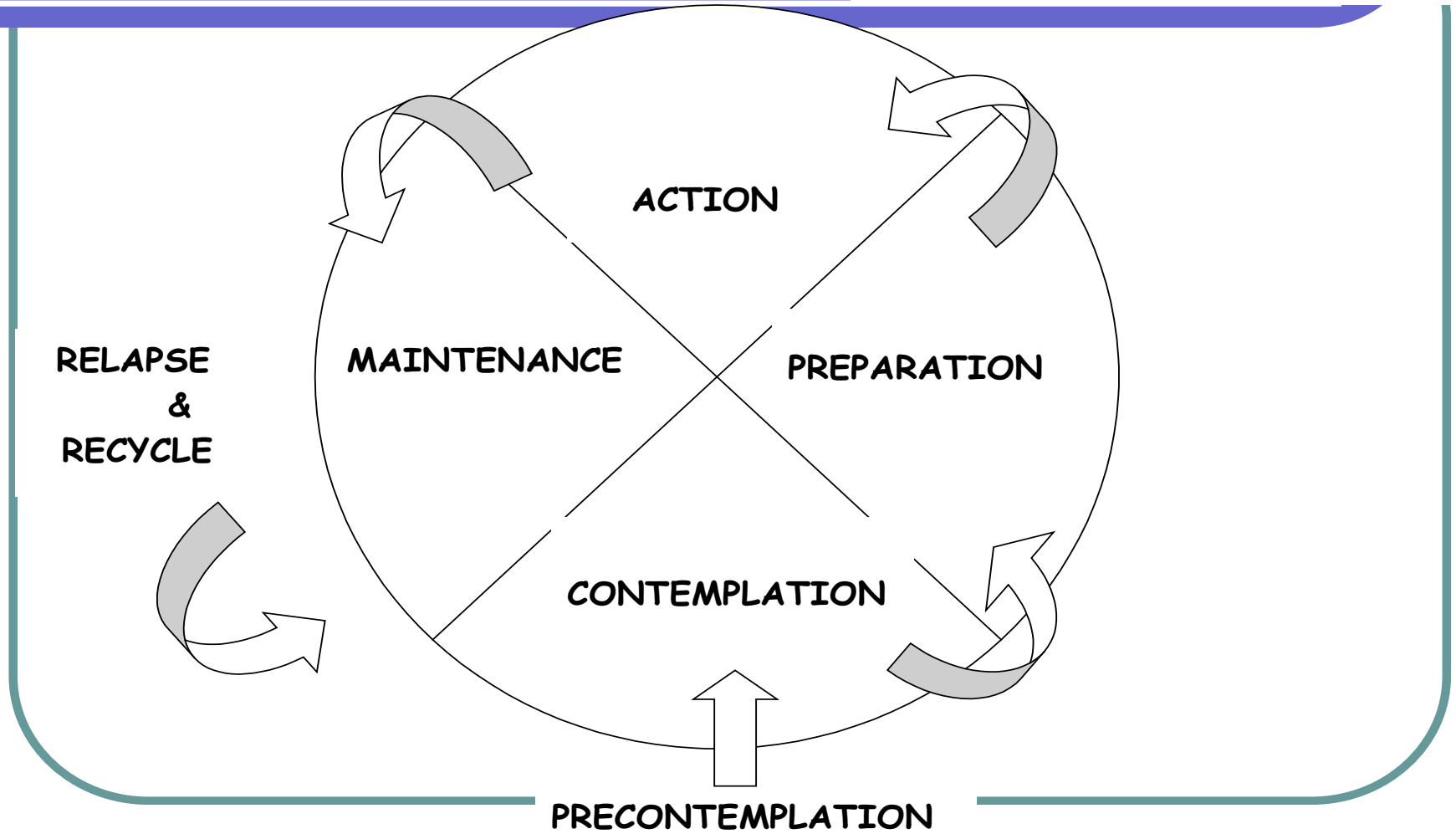
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- The importance of understanding readiness is a
- Readiness to change  
Not at all important .....extremely important

# Agenda Setting Chart



## STAGES OF CHANGE



# Readiness to change Importance-Confidence Scales

Not at all important

extremely important

0	1	2	3	4	5	6	7	8	9	10
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Applications to Nutritional Counseling  
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